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# Department of the Treasury Internal Prevenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

For cale	ndar year 2016 or tax year beginning		, and ending		
Name o	foundation			A Employer identificatio	n number
JEF	F AND SHELLEY SHINN FOU	26-361582	4		
	and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
289	FLAMINGO AVENUE			815-962-2	311
City or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
NAP	LES, FL 34108				
<b>G</b> Check	all that apply: Initial return	initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		2 Foreign ergonizations of	sections the 9594 test
<del></del>	X Address change	Name change		Foreign organizations mechack here and attach of	computation
	type of organization: X Section 501(c)(3) ex			E If private foundation st	atus was terminated
		Other taxable private founda		under section 507(b)(1	I)(A), check here
	arket value of all assets at end of year   J Accounti	=	Accrual	F If the foundation is in a	
	Part II, col. (c), line 16) United States (Part I, colu	ther (specify)		under section 507(b)(1	1)(B), check here
▶\$ Part I			<del></del>		(4)
H 1 1	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	15,000.		N/A	
\\ <b>\\$</b> \\\$2	Check In the foundation is not required to attach Sch. B				<del> </del>
19/3	Interest on savings and temporary cash investments	2.	2.	ļ	STATEMENT 1
4	Dividends and interest from securities	11,775.	11,775.	ļ	STATEMENT 2
5a	Gross rents	ļ		ļ	<del> </del>
l p	Net rental income or (loss)			ļ	<del></del>
Revenue 2	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	3.			
8 7	Capital gain net income (from Part IV, line 2)		3.		
<b>—</b> 8	Net short-term capital gain	L <u></u>		<u> </u>	<u> </u>
9	Income modifications				ļ
10a	Gross sales less returns and allowances				<u> </u>
b	Less Cost of goods sold				<del> </del>
C	Gross profit or (loss)	ļ			
11	Other income	06 700	11 500		<del></del>
12	Total. Add lines 1 through 11	26,780.	11,780.		<del></del>
13	Compensation of officers, directors, trustees, etc	0.	<u> </u>		0.
14	Other employee salaries and wages Pension plans, employee benefits	<del> </del>			<del> </del>
so l	Legal fees				<del> </del>
SE IOA	Accounting fees STMT 3	955.	0.		955.
(2.1	Other professional fees				
9 17	Interest				
18	Taxes STMT 4	134.	0.		0.
19	Depreciation and depletion				
Ē 20	Occupancy				
¥ 21	Travel, conferences, and meetings				
22	Printing and publications				
စ္တြဲ 23	Other expenses STMT 5	15:	0.		15.
; 1 24	Total operating and administrative 🧽 📈				
<u>a</u>	expenses. Add lines 13 through 23	1,104.	<u>0.</u>		970.
25	Contributions, gifts, grants paid	16,532.		<del> </del>	16,532.
26	Total expenses and disbursements.	٠ .١, ٥,٠	_		45 500
-	Add lines 24 and 25	17,636.	0.	<del> </del> -	17,502.
27	Subtract line 26 from line 12:	0 144			
	Excess of revenue over expenses and disbursements	9,144.	11,780.	<del> </del>	<del></del>
	Net investment income (if negative, enter -0-)	<del></del>	11,/00.	N/A	<del> </del>
	Adjusted net income (if negative, enter -0-)				

Form 990-PF (2016) JEFF AND SHELLEY SHINN				26-:	26-3615824 Page 2			
ſρ	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>			
<u>-</u>	<del></del>		(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing						
	1	Savings and temporary cash investments	34,459.	31,830.	31,830.			
	3	Accounts receivable >		1				
		Less: allowance for doubtful accounts	<del></del>					
	4	Pledges receivable -						
	_	Less: allowance for doubtful accounts	<del></del>					
	1 -	Grants receivable	<del></del>		<del> </del>			
	6	Receivables due from officers, directors, trustees, and other						
	_	disqualified persons						
	7			}				
		Less: allowance for doubtful accounts	<del></del>					
Assets	1	Inventories for sale or use						
\ss		Prepaid expenses and deferred charges	<u></u>					
_	1	Investments - U.S. and state government obligations	062 002	274 255	266 000			
	1	Investments - corporate stock STMT 6	263,093.	274,866.	366,008.			
		Investments - corporate bonds	<b> </b>					
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation	<del></del>					
	[ .	Investments - mortgage loans	<del></del>	<del></del>				
	13	Investments - other	<del></del>					
	14	Land, buildings, and equipment basis						
		Less accumulated depreciation	<del> </del>		<del></del>			
	1	Other assets (describe	<del></del>					
	16	Total assets (to be completed by all filers - see the	207 552	205 505	207 020			
	4-	instructions. Also, see page 1, item I)	297,552.	306,696.	397,838.			
		Accounts payable and accrued expenses	<del></del>					
	1	Grants payable	<del></del>					
ijes	19	Deferred revenue	<del> </del>					
Liabilities	20		<del> </del>					
Lia	21	Mortgages and other notes payable	<del></del>					
	22	Other liabilities (describe )	<del></del>	<del></del>				
	22	Total liabilities (add lines 17 through 22)	0.	0.				
_	23	Foundations that follow SFAS 117, check here	<del></del>	•				
		and complete lines 24 through 26 and lines 30 and 31.		1				
es	24	Unrestricted		<b>,</b>				
ä	25	Temporarily restricted						
Bali		Permanently restricted						
힏	-	Foundations that do not follow SFAS 117, check here						
Ξ	Į	and complete lines 27 through 31.						
ō	27	Capital stock, trust principal, or current funds	0.	0.				
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
Ass	29	Retained earnings, accumulated income, endowment, or other funds	297,552.	306,696.				
Net Assets or Fund Balances	30	Total net assets or fund balances	297,552.	306,696.				
~								
_	31	Total liabilities and net assets/fund balances	297,552.	306,696.				
P	art	Analysis of Changes in Net Assets or Fund B	alances					
_		net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>				
'			30	1.1	297,552.			
2	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		11/2	9,144.			
		r increases not included in line 2 (itemize)		2 3	9,144.			
		lines 1, 2, and 3	<del></del>		306,696.			
		eases not included in line 2 (itemize)		5	300,030.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		306,696.			
			<del></del>	<del> </del>	Form <b>990-PF</b> (2016)			

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			P - Purchase D - Donation		(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)				
1a CAPITAL GAINS DIVIDENDS				- 00116	211011						
<u>b</u>						_					
	<del>-</del>				<del></del>	-					
<u>d</u> e	<del>-</del>					-			<u>_</u>		
	(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis xpense of sale					aın or (loss) s (f) mınus (	
a	3.		<u> </u>								3 .
<u>b</u>				-							
C											
<u>d</u>			<del></del>								<del></del>
<u>e</u>	I Complete only for assets showin	o dain in	column (h) and owned by	l the foundation	on 12/31/69				Gains (C	ol. (h) gain i	minus
	(i) F.M.V. as of 12/31/69	<del></del>	(j) Adjusted basis as of 12/31/69	(k) E×	cess of col. (i) col. (j), if any			còl.	(k), but r	not less than (from col. ()	ı -0-) <b>or</b>
			<del></del>								3.
b											
C	- <del></del>									_	
<u>d</u>				-							
<u>e</u>			<u> </u>		_ <del></del>	_		<del>-</del>			
<b>2</b> Ca	apital gain net income or (net ca	pital loss	) { If gain, also enter If (loss), enter -0			<b>)</b>	2				3.
lf	et short-term capital gain or (los gain, also enter in Part I, line 8,			d (6):		1				/ -	
	(loss), enter -0- in Part I, line 8 rt V Qualification U	ndor 9	Section 4940(e) for	Peduced	Tay on Net	Inv	3 Ostn	ent Inco	·ma	N/A	
	optional use by domestic private							10111111100	-		
יוטיו	optional use by domestic private	iyunuati	ons subject to the section .	totulaj lak uli	net mvestment m	COINE	··)				
If sec	tion 4940(d)(2) applies, leave th	ns part bl	ank.								
Was 1	the foundation liable for the sect	tion 4942	tax on the distributable am	ount of any ye	ear in the base per	lod?					Yes X No
	s,* the foundation does not qual					-4					
1 E	nter the appropriate amount in e	each colu	<del></del>	istructions be	fore making any e				T		(d)
Ca	(a) Base period years lendar year (or tax year beginnir	ng ເກ)	(b) Adjusted qualifying dis		Net value of no	(c) nchai	ritable-			Distrib (col. (b) divi	(d) ution ratio ided by col. (c))
	2015			7,853. 6,402.				<u>2,763</u> 0.221.	+	-	.047894
	<u>2014</u> 2013			5,797.				8,307	<u>'</u>		.019433
	2012			5,805.		-		7,990			.023408
	2011		1	4,469.				1,439			.068431
	otal of line 1, column (d)	_							2		.177446
	verage distribution ratio for the s e foundation has been in exister			on line 2 by 5,	or by the number	of ye	ars		3		.035489
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4		383,662.				
5 M	ultiply line 4 by line 3								5		13,616.
6 Er	nter 1% of net investment incom	ne (1% of	Part I, line 27b)						6	·····	118.
7 A	dd lines 5 and 6						•		7		13,734.
<b>8</b> Er	nter qualifying distributions from	a Part XII,	, line 4						8		17,502.
	line 8 is equal to or greater than se the Part VI instructions.	line 7, cl	neck the box in Part VI, line	1b, and comp	lete that part usin	g a 1°	% tax r	ate.			

	m 990-PF (2016) JEFF AND SHELLEY SHINN FOUNDATION			3615			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(	e), or 4	948	- see	instru	ıctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ 🔲 and enter "N/A" on line 1.	)					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	]	}	]			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔀 and enter 1%	•	1_1_			1	<u> 18.</u>
	of Part I, line 27b	1	1	1			
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J	}	1			
2	(-),		2				<u>0.</u>
3			3			1	<u> 18.</u>
4	(-), (-)		4_				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1	<u> 18.</u>
6	1 1						
	a 2016 estimated tax payments and 2015 overpayment credited to 2016			}			
	b Exempt foreign organizations - tax withheld at source 6b			]			
	c Tax paid with application for extension of time to file (Form 8868)		1	1			
	d Backup withholding erroneously withheld		ł	1			_
	Total credits and payments. Add lines 6a through 6d		7_				<u>    0                                </u>
			8	<u> </u>			
		<b>&gt;</b>	9_			1	18.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10	<b> </b>			
		ided 🚩	11				
	art VII-A Statements Regarding Activities					Vaa	NIa
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	intervene	חו			1 es	No
	any political campaign?				1a_	<del> </del>	X
þ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the				16	<u> </u>	X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	s publist	ned or				}
	distributed by the foundation in connection with the activities				١.	<u> </u>	,,
	c Did the foundation file Form 1120-POL for this year?				1c	<b> </b>	X
đ	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0				ł	ļ
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.	•				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	tion					
	managers. > \$ 0.						
2	! Has the foundation engaged in any activities that have not previously been reported to the IRS?				2_		X
•	If "Yes," attach a detailed description of the activities					ľ	1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oralion, c	)			1	v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				3 4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
			7.4	/	5	<del></del>	Х
,	If "Yes," attach the statement required by General Instruction T.				<u> </u>		
6	and the second s						
Ū	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the state	law				
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	l Part XV	,		7	X	
•	(-),						
88	a Enter the states to which the foundation reports or with which it is registered (see instructions)				}		
	IL					i	
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate	e)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	5) for cale	ndar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and address	ses S	TMT		10	X	
				Fo	rm <b>99</b> (	)-PF	(2016)

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Pa	irt VII-A Statements Regarding Activities (continued)			
	,	T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
• •	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	} <del></del>		41
12		1 40		v
	If "Yes," attach statement (see instructions)	12	37	<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	L
	Website address ► N/A		244	
14	The books are in care of ► SHELLEY SHINN Telephone no. ►815-9		<u> 311</u>	
	Located at ► 289 FLAMINGO AVE, NAPLES, FL ZIP+4 ►3	<u> 1108</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	1		
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	$\top$	Yes	No
10	During the year did the foundation (either directly or indirectly):			
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No	1 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	1 1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1 !		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):			
•	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
a	before 2016?  Yes X No			
		1 1	' I	
	If "Yes," list the years \( \bigs_{			
D				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.)  N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 1	1	
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1	1	
3a				
	during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	1 1		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1 1		
	Form 4720, to determine if the foundation had excess business holdings in 2016.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u> </u>
		rm <b>990</b>	PF	(2016)

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orm 990-PF (2016) JEFF AND SHELLEY SHINN F			<u>26-36158</u>	<b>24</b> Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	ļ	
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnocae, or f			1 1
the prevention of cruelty to children or animals?	or educational purposes, or r		es X No	
•			S LALINU	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·	n Regulations	37/3	.
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	[/A	s L No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)			1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on			
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Le	Sb_ X
If "Yes" to 6b, file Form 8870			<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Trusto		nagers, Highly		
Paid Employees, and Contractors			•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
SHELLEY SHINN	TRUSTEE/DIREC	enter -0-)	compensation	allowalices
	  KOSIEE/DIKEC	TOR		
289 FLAMINGO AVE	0 00	_	_	0
NAPLES, FL 34108	0.20	0.	0.	0.
	DIRECTOR			
289 FLAMINGO AVE				_
NAPLES, FL 34108	0.20	0.	0.	0.
		1	[	
		Í		
		]		
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of seek ampleuse and mare than 050 000	(b) Title, and average hours per week	(=) Commana=+===	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE	<del></del>			
		1		
<del></del>				
<del></del>				
	<del></del>	<del> </del>	<del>                                     </del>	<del></del>
			]	
		<del> </del>	<del></del>	
		}	}	
		ļ		
		<u>l</u>	<u> </u>	
Total number of other employees paid over \$50,000				0
			Form 9	990-PF (2016)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compe	ensation
NONE		
<del></del>		
	<del>-  </del>	
<del></del>		
<del></del>		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 N/A		
'N/A		
2		
	<del> </del>	
3		
† <del></del>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
_ <del></del>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	Form <b>990-Pf</b>	0. E/2016)
	10/11/33077	(2010)

P	Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign four	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
а			1a	356,317.
b			1b	356,317. 33,188.
C			1c	
đ	Total (add lines 1a, b, and c)		1d	389,505.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	389,505.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	5,843.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	383,662.
6	Minimum investment return Enter 5% of line 5		6	19,183.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations check here and do not complete this part.)	oundations an	id certain	
1	Minimum investment return from Part X, line 6		1	19,183.
2a	Tax on investment income for 2016 from Part VI, line 5	118.		
ь	Income tax for 2016. (This does not include the tax from Part VI.)			
c			2c	118.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	19,065.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	19,065.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	19,065.
P	Part XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	<u>17,502.</u>
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		4	17,502.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	118.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	17,384.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the	e foundation o	malifies for the	e section

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4940(e) reduction of tax in those years.

Part XIII	.Undistributed	Income	(see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				19,065.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			17,130.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		0.	-	· · · · · · · · · · · · · · · · · · ·
a From 2011				
<b>b</b> From 2012				
c From 2013				
<b>d</b> From 2014				
e From 2015	_		1	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 17,502.			45.400	
a Applied to 2015, but not more than line 2a			17,130.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				372.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u> </u>			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	<u> </u>	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<u> </u>	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				18,693.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	_			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
e Excess from 2014				
d Excess from 2015				
e Excess from 2016				Form <b>990-PF</b> (2016)

	D SHELLEY S				3615824 Page 1
Part XIV Private Operating F	<del>_</del>		<del></del>	N/A	<u> </u>
1 a if the foundation has received a ruling of					
foundation, and the ruling is effective for		=	<b>▶</b>	4040(-)(0)	4040(2)(5)
b Check box to indicate whether the found		ng roundation described	Prior 3 years	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4) 2010	(6) 2010	(0) 2011	- (4) 2010	(c) rotar
investment return from Part X for			1		
each year listed b 85% of line 2a	<u> </u>		<del></del>	<del></del>	<del></del>
c Qualifying distributions from Part XII,		<del>                                     </del>	<del> </del>	<del> </del>	<del></del>
line 4 for each year listed				]	
d Amounts included in line 2c not				<del>  -</del>	
used directly for active conduct of					
exempt activities				l .	
e Qualifying distributions made directly	-				
for active conduct of exempt activities.					
Subtract line 2d from line 2c	_	1			
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			_		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter;					-
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)				<u> </u>	
(2) Support from general public					
and 5 or more exempt organizations as provided in				İ	
section 4942(j)(3)(B)(iii)				<del> </del>	
(3) Largest amount of support from				1	
an exempt organization			<del></del>	<del> </del>	<del></del>
Part XV   Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5 000 or	more in assets
at any time during t			ii tile iouildatioi	1 11au \$5,000 01 1	illore ili assets
				<del></del>	
<ul> <li>Information Regarding Foundatio</li> <li>List any managers of the foundation who</li> </ul>	-	than 2% of the total cor	itributions received by the	foundation before the	close of any tax
year (but only if they have contributed m			and the state of the	noonodion bolore inc	oloob of any tax
SEE STATEMENT 8				. <del></del>	
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of	a partnership or
NONE					
2 Information Regarding Contributi		* * * * * * * * * * * * * * * * * * * *	=		
Check here ► if the foundation o	-	•	*	•	-
the foundation makes gifts, grants, etc.					ano o.
a The name, address, and telephone numl		the person to whom app	lications should be addre	ssed:	
SHELLEY SHINN, 815-9 289 FLAMINGO AVE, NA		108			
b The form in which applications should b WRITTEN REQUEST	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
NONE  d Any restrictions or limitations on awards	e cuch ac hy accoranhia	al areas charitable fields	kinds of institutions or	other factors:	
NONE	o, such as by yeographic	वा बादवञ्, जावास्त्रवणाद गदावड	, kilius vi ilisiluuluiis, QF	ouner IgolUIS.	

Part XVI-A	Analysis of	<b>Income-Producing</b>	<b>Activities</b>
, ,			

Related or exempt function income
TOTICION MICOLITE
ı
2.
775.
3.
700
13 11,780

Eille No.  ▼	the foundation's exempt purposes (other than by providing funds for such purposes).	omplianinent of
1		
		<del></del>
	<del></del>	
623621 11-23-	-16	Form <b>990-PF</b> (2016)

## 6) JEFF AND SHELLEY SHINN FOUNDATION 26-3615824 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

	e organization directly or indir					on 501(c) of	Ye	s No
	ode (other than section 501(c)				nizations?			ĺ
	fers from the reporting founda	ation to a noncharita	ble exempt or	ganization of:			1	1
(1) (							1a(1)	<u> X</u>
	Other assets						1a(2)	_X_
	transactions:						1	1
	Sales of assets to a noncharital						1b(1)	X
• •	Purchases of assets from a nor	· ·	organization				1b(2)	X
1.7	Rental of facilities, equipment,						1b(3)	X
	Reimbursement arrangements						1b(4)	X
	oans or loan guarantees						1b(5)	<del>X</del>
	Performance of services or me	-	-				1b(6)	X X
	ng of facilities, equipment, ma	_					1c	<u> </u>
	answer to any of the above is							
	vices given by the reporting for			ed less than fair market vail	ie in any transaction	or snaring arrangement, s	now in	
	in (d) the value of the goods, (	<del>,</del>		a avamat organization	(4) 5	<del></del>	<del></del> -	
a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	of transfers, transactions, and	sharing arrange	ments
<del></del>			N/A		<del></del>		<del></del>	
					<del></del>			
					<del></del>			
		<u> </u>			<del></del>		_	
2a Is the	foundation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described			
ın sec	tion 501(c) of the Code (other	r than section 501(c	(3)) or in sect	ion 527?			Yes [	X No
	s," complete the following sch							
	(a) Name of org			(b) Type of organization		(c) Description of relations	nib	
	N/A							
		<del></del>				<del></del>		
	Inder penalties of perjury, I declare						the IRS discus	ss this
Sign	nd belief it is true, correct, and co	hplete Declaration of pr	eparer (other than	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge retu	rn with the prep wn below (see	oarer
Here	MILLILLA M	3. MKURA		15/15/17	TRUSTE		Yes	No No
	Signature of officer or ustee	2.10 1.001.01.		Date	Title	L		
	Print/Type preparer's na	ime	Preparer's si		Date	Check If PTIN		
		-	177	11/	1	self- employed		
Paid	ROBERT ORR		1 / M	M//M	05/12/17	, ,	001106	6
Prepar			NAT.T.EM	LLP		Firm's EIN ► 41-0'		<del>-</del>
Use Or		TOWNWOO	الإيراطي	THE		THURSE P 41-0	, = 0 / = 3	
	Firm's address ▶ 16	30 NODUR	AT.DTME	POAD		<del> </del>		
		CKFORD, I				Phone on Q15 2	00_100	0
	RO	CVEOKD' T	<u>n 0110</u>		<del></del>	Phone no. 815-22	rm <b>990-P</b> i	
						+0	川 プラリーア	(2016)

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
ARTISTS ENSEMBLE THEATER	NONE	PC	COMMUNITY BETTERMENT	
5050 E. STATE ST				
ROCKFORD, IL 61108	-			250
BOYS & GIRLS CLUB	NONE	PC	COMMUNITY BETTERMENT	
2635 PASADENA AVE				
LOS ANGELES, CA 90031				1,000
BOYS AND GIRLS CLUB OF ROCKFORD	NONE	PC	COMMUNITY BETTERMENT	
1040 N 2ND STREET	NONE		COMMONITY BETTERMENT	
ROCKFORD, IL 61107				2,000
BROWN ALUMNI MAGAZINE 71 GEORGE STREET	NONE	PC	COMMUNITY BETTERMENT	
PROVIDENCE RI 02912				52
BROWN UNIVERSITY SPORTS FOUNDATION	NONE	PC	COMMUNITY BETTERMENT	
BOX 1925 PROVIDENCE RI 02912				300
BROWN UNIVERSITY ONE PROSPECT STREET	NONE	PC	COMMUNITY BETTERMENT	
PROVIDENCE RI 02912				100
BURPEE MUSEUM OF NATURAL HISTORY 737 N MAIN STREET	NONE	PC	COMMUNITY BETTERMENT	
ROCKFORD IL 61103				100
				· · · · · · · · · · · · · · · · · · ·
C. ENCE	NONE	PC	COMMINITARY DEPAREDWENT	
C FACT PO BOX 65722	NONE		COMMUNITY BETTERMENT	
WASHINGTON, DC 20035				100
CENTER FOR SIGHT & HEARING	NONE	PC	COMMUNITY BETTERMENT	
8038 MACINTOSH LANE	NONE		COMMUNITY BELLERMENT	
ROCKFORD IL 61107				80
CLUB BLUE ROCKFORD	NONE	₽C	COMMUNITY BETTERMENT	
826 N MAIN ST				
ROCKFORD, IL 61103	<u> </u>	<u> </u>		1,530
Total from continuation sheets				15,332

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient CRUSADER COMMUNITY HEALTH NONE ÞС COMMUNITY BETTERMENT 1100 BROADWAY ROCKFORD IL 61104 50. DISCOVERY CENTER MUSEUM NONE ÞС COMMUNITY BETTERMENT 711 N. MAIN ST 200. ROCKFORD, IL 61103 EB RAISE THE ROOF NONE PC COMMUNITY BETTERMENT 946 NORTH SECOND STREET 200. ROCKFORD IL 61107 FORBES SCHOLARSHIP (UNIVERSITY CLUB OF ÞС COMMUNITY BETTERMENT NONE ROCKFORD SCHOLARSHIP) 945 NORTH MAIN STREET ROCKFORD, IL 61103 1,500. GIGIS PLAYHOUSE NONE ÞС COMMUNITY BETTERMENT 8801 N 2ND ST SUITE 2 MACHESNEY PARK, IL 61115 500, HERITAGE FOUNDATION NONE ÞС COMMUNITY BETTERMENT 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002-4999 100. ÞС COMMUNITY BETTERMENT HOMETOWN HOLIDAY NONE 314 NORTH MAIN STREET 100. ROCKFORD IL 61101 ÞС COMMUNITY BETTERMENT ILLINOIS EXECUTIVE MANSION NONE ASSOCIATION PO BOX 5444 200. SPRINGFIELD, IL 62705 JUDICIAL WATCH NONE ÞС COMMUNITY BETTERMENT 425 3RD STREET SW 100. WASHINGTON DC 20515 ÞC COMMUNITY BETTERMENT LAURENT HOUSE NONE 6799 GUILFORD RD 200, ROCKFORD, IL 61107 Total from continuation sheets

LUEKEMIA LYMPHOMA  559 DOMORPIO DR  MADISON, WI 61101  MARCH OF DIMES  5411 E SYATE ST # 8  BOCKFORD, IL 61103  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  BOCKFORD, IL 61103  NONE  PC  COMMUNITY BETTERMENT  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  BOCKFORD, IL 61107  RAMP  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  ROCKFORD, IL 61107  RAMP  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK  711 NORTH MAIN STREET # 7  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  1, 6  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  AND STREET  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  AND STREET  ROCKFORD, IL 61104  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD SALI E ST T T T T T T T T T T T T T T T T T	3 Grants and Contributions Paid During the	e Year (Continuation)			
Name and address (home or business)  any foundation manager or substantial contributor recognition of substantial contributor of substantial contributor recognition and substantial recog		If recipient is an individual,	Foundation	Purpose of grant or	
LISE N CHURCH ST  ROCKFORD IL 61101  LUBERHIA LYMPHOMA  SSS DONORIO DR  MADISON, WI 61101  MARCH OF DIMES  SAIL E STATE ST * 8  ROCKFORD, IL 61103  SEIGHBORHOOD HEALTH  AG NORTH SECOND STREET  ROCKFORD, IL 61107  RAMP NOME  PC  COMMUNITY BETTERMENT  SOCKFORD, IL 61107  SANDE PC  COMMUNITY BETTERMENT  OCHEMINITY BETTERMENT  SOCKFORD, IL 61107  SOCKFORD, IL 61101  SOCKFORD, IL 61101  SOCKFORD, IL 61101  SOCKFORD, IL 61103  SOCKFORD, IL 61104  SOCKFORD DAY NURSERY  ROCKFORD LL 61104  SOCKFORD LL 61104  SOCKFORD DAY NURSERY  ROCKFORD DAY	Name and address (home or business)	any foundation manager	status of	contribution	Amount
LUEKENIA LYMPHOMA SSS DONORRIO OR MADISON, WI 61101  MARCH OF DIMES SAIL E STATE ST * 8  ROCKFORD, IL 61102  MARCH OF DIMES SAIL E STATE ST * 8  ROCKFORD, IL 61108  MEIGHBORHOOD MEALTH AGENCHOOD MEALTH AGENCHOOD MEALTH AGENCHOOD LI 61107  RAMP NOME PC COMMUNITY BETTERMENT  COMMUNITY BETTERMENT  NOME PC COMMUNITY BETTERMENT  ROCKFORD, IL 61107  ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION RIVER DISTRICT ASSOCIATION ROCKFORD, IL 61101  SRIVER DISTRICT ASSOCIATION ROCKFORD, IL 61101  AGENCHOED, IL 61101  ROCKFORD IL 61101  AGENCHOED LI 61103  ROCK RIVER DEVELOPMENT FOUNDATION ROCKFORD DAY NURSERY 2323 S. 6TH ST., *A  ROCKFORD DAY NURSERY 2323 S. 6TH ST., *A  ROCKFORD LI 61104  ROCKFORD PARK DISTRICT FOUNDATION ROCKFORD TAKEN ST. **A  ROCKFORD PARK DISTRICT FOUNDATION ROCKFORD PA					
ROCKFORD, IL 61101  LUBKEMIA LUMPHOMA 559 DONOFRIO DR MADISON, WI 61101  MARCH OF DIMES 5411 E STATE ST * 8 8 HOCKFORD, IL 61108  NONE  PC COMMUNITY BETTERMENT  102 MARKET ST. ROCKFORD, IL 61107  RAMP 202 MARKET ST. ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION 102 N MAIN STREET ROCKFORD, IL 61101  RIVERPRONT MUSEUM PARK 711 NORTH MAIN STREET *7 ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION NONE  PC COMMUNITY BETTERMENT  1.10 ROCK RIVER DEVELOPMENT FOUNDATION NONE  PC COMMUNITY BETTERMENT  1.10 ROCK RIVER DEVELOPMENT FOUNDATION NONE  PC COMMUNITY BETTERMENT  1.10 ROCKFORD, IL 61201-5702  1.10  ROCKFORD DAY NURSERY 2323 S. 6TH ST., *A ROCKFORD IL 61104  ROCKFORD IL 61104  ROCKFORD IL 61104  ROCKFORD IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC COMMUNITY BETTERMENT  1.10  ROCKFORD DAY NURSERY 1323 S. 6TH ST., *A ROCKFORD IL 61104		NONE	PC	COMMUNITY BETTERMENT	
LUEKEMIA LYMPHOMA  559 DOMORPIO DR  MADISON, WI 61101  MARCH OF DIMES  5411 E SYATE ST # 8  BOCKFORD, IL 61103  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  BOCKFORD, IL 61103  NONE  PC  COMMUNITY BETTERMENT  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  BOCKFORD, IL 61107  RAMP  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  ROCKFORD, IL 61107  RAMP  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  SALI E SYATE ST # 8  ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK  711 NORTH MAIN STREET # 7  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  1, 6  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  AND STREET  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  AND STREET  ROCKFORD, IL 61104  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD SALI E ST T T T T T T T T T T T T T T T T T					10
AARIGON, WI 61101  AARCH OF DIMES  AARCH OF DIMES  AARCH OF DIMES  ACKFORD, IL 61108  ARIGHBORHOOD HEALTH  NONE  PC  COMMUNITY BETTERMENT  ACKFORD, IL 61107  AAMP  NONE  PC  COMMUNITY BETTERMENT  ACKFORD, IL 61107  ARIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  ACKFORD, IL 61101  ARIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  ACKFORD, IL 61101  ARIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  ACKFORD, IL 61101  ARIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  ACKFORD, IL 61103  ACKFORD, IL 61103  ACKFORD, IL 61103  ACKFORD, IL 61104  ACKFORD DAY NURSERY  ACKFORD, IL 61104  ACKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ACKFORD DAY NURSERY  ACKFORD DAY DAY DAY DAY D					
MADISON, WI 61101  MARCH OF DIMES 5411 E STATE ST \$ 8 800CKFORD, IL 61108  MEIGHBORHOOD HEALTH 100CKFORD, IL 61107  RAMP 201 MARKET ST. 201 MAIN STREET 202 MARKET ST. 202 MARKET ST. 203 MARKET ST. 204 MAIN STREET 205 COMMUNITY BETTERMENT  NONE  PC 206 COMMUNITY BETTERMENT  COMMUNITY BETTERMENT  RIVER DISTRICT ASSOCIATION  NONE  PC 207 COMMUNITY BETTERMENT  RIVER PRONT MUSEUM PARK  NONE  PC 208 RIVER PRONT MUSEUM PARK  NONE  PC 208 RIVER DEVELOPMENT FOUNDATION  NONE  PC 208 COMMUNITY BETTERMENT  1.6 208 RIVER DEVELOPMENT FOUNDATION  NONE  PC 208 COMMUNITY BETTERMENT  1.6 208 RIVER DEVELOPMENT FOUNDATION  NONE  PC 208 COMMUNITY BETTERMENT  208 ROCKFORD DAY NURSERY  208 SOCKFORD DAY NURSERY  208 SOCKFORD, IL 61104  208 ROCKFORD, IL 61104  208 ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC 208 COMMUNITY BETTERMENT  208 ROCKFORD, IL 61104  208 ROCKFORD, IL 61104  208 ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC 208 COMMUNITY BETTERMENT  208 ROCKFORD, IL 61104		NONE	PC	COMMUNITY BETTERMENT	
MARCH OF DIMES  5411 E STATE ST # 8  ROCKFORD, IL 61108  REIGHBORHOOD HEALTH  946 NORTH SECOND STREET  ROCKFORD, IL 61107  RAMP  202 MARKET ST.  ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION  RIVERFRONT MUSEUM PARK  711 NORTH MAIN STREET  ROCKFORD, IL 61103  RIVERFRONT MUSEUM PARK  711 NORTH MAIN STREET #7  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK SILAND, IL 61201-5702  L.G  ROCKFORD DAY NURSERY  2323 S. 67H ST., *A  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  ROCKFORD P					10
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NEIGHBORHOOD HEALTH  946 NORTH SECOND STREET  NOCKFORD, IL 61107  RAMP  202 MARKET ST.  ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK  711 NORTH MAIN STREET #7  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  1 NONE  PC  COMMUNITY BETTERMENT  ROCK RIVER DEVELOPMENT FOUNDATION  NONE  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK ISLAND, IL 61201-5702  1, GOCKFORD DAY NURSERY  ROCKFORD, IL 61104  ROCKFORD, IL 61104  PC  COMMUNITY BETTERMENT  1 ARCKFORD DAY NURSERY  ROCKFORD, IL 61104  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61104  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT					_
PAGE NORTH SECOND STREET ROCKFORD, IL 61107  RAMP  2022 MARKET ST. ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK  RIVERFRONT MUSEUM PARK  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61103  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK RIVER DEVELOPMENT FOUNDATION  ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY  ROCKFORD DAY NURSERY  ROCKFORD DAY NURSERY  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT	ROCKFORD, IL 61108		<del> </del>		5
RAMP NONE PC COMMUNITY BETTERMENT  202 MARKET ST. ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION NONE PC COMMUNITY BETTERMENT  102 N MAIN STREET ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK 711 NORTH MAIN STREET #7 ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION NONE PC COMMUNITY BETTERMENT  4032 25TH AVENUE ROCK ISLAND, IL 61201-5702  1. ROCKFORD DAY NURSERY ROCKFORD DAY NURSERY ROCKFORD IL 61104  ROCKFORD IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT	NEIGHBORHOOD HEALTH	NONE	PC	COMMUNITY BETTERMENT	
RAMP 202 MARKET ST. ROCKFORD, IL 61107  RIVER DISTRICT ASSOCIATION NONE PC COMMUNITY BETTERMENT 102 N MAIN STREET ROCKFORD, IL 61101  RIVERPRONT MUSEUM PARK NONE PC COMMUNITY BETTERMENT  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION NONE PC COMMUNITY BETTERMENT  COMMUNITY BETTERMENT  ROCK ISLAND, IL 61201-5702  1, G ROCKFORD DAY NURSERY ROCKFORD DAY NURSERY ROCKFORD IL 61104  ROCKFORD IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION ROCKFORD PAR	946 NORTH SECOND STREET				
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TO 2 N MAIN STREET  ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  A032 25TH AVENUE  ROCK ISLAND, IL 61201-5702  1, G  ROCKFORD DAY NURSERY  ROCKFORD DAY NURSERY  ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT					8
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ROCKFORD, IL 61101  RIVERFRONT MUSEUM PARK  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  NONE  ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY  ROCKFORD DAY NURSERY  ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT	RIVER DISTRICT ASSOCIATION	NONE	PC	COMMUNITY BETTERMENT	
RIVERFRONT MUSEUM PARK  711 NORTH MAIN STREET #7  ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION  4032 25TH AVENUE  ROCK ISLAND, IL 61201-5702  ROCK ISLAND, IL 61201-5702  1, C  ROCKFORD DAY NURSERY  2323 S. 6TH ST., #A  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  PC  COMMUNITY BETTERMENT					
ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION NONE  ROCK ISLAND, IL 61201-5702  ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY ROCKFORD DAY NURSERY ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC  COMMUNITY BETTERMENT	ROCKFORD, IL 61101				10
ROCKFORD, IL 61103  ROCK RIVER DEVELOPMENT FOUNDATION NONE  ROCK ISLAND, IL 61201-5702  ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY ROCKFORD DAY NURSERY ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC  COMMUNITY BETTERMENT  ROCKFORD PARK DISTRICT FOUNDATION NONE  PC  COMMUNITY BETTERMENT	RIVERFRONT MUSEUM PARK	NONE	PC	COMMUNITY BETTERMENT	
ROCK RIVER DEVELOPMENT FOUNDATION NONE PC COMMUNITY BETTERMENT  4032 25TH AVENUE  ROCK ISLAND, IL 61201-5702  1,0  ROCKFORD DAY NURSERY 2323 S. 6TH ST., #A  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT  401 S. MAIN ST					
ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT	ROCKFORD, IL 61103	<del> </del>	<del> </del>	<del> </del>	14
ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY ROCKFORD, IL 61104  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT				CONSTRUCTION DESCRIPTION	
ROCK ISLAND, IL 61201-5702  ROCKFORD DAY NURSERY  NONE  PC  COMMUNITY BETTERMENT  ROCKFORD, IL 61104  ROCKFORD PARK DISTRICT FOUNDATION  NONE  PC  COMMUNITY BETTERMENT  COMMUNITY BETTERMENT		NONE	PC	COMMUNITY BETTERMENT	
ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT					1.00
ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT 101 S. MAIN ST					
ROCKFORD IL 61104  ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT 401 S. MAIN ST	ROCKFORD DAY NURSERY	NONE	PC	COMMUNITY BETTERMENT	
ROCKFORD PARK DISTRICT FOUNDATION NONE PC COMMUNITY BETTERMENT					
01 S. MAIN ST	OCKFORD, IL 61104		<del> </del>	+	10
101 S. MAIN ST	DOCKBODD BY DICHDION BOIRDAMION	NONE	P.C	COMMINITARY DEMONSPRIENT	
		NONE	F C	COMMUNITI BETTERMENT	
			<u> </u>		1,00

SALVATION ARMY  SALVATION ARMY  1706 18TH AVE.  ROCKFORD, IL 61104  STEADMAN PHILIPPON RESEARCH  181 WEST MEADOW DRIVE SUITE 100  VAIL, CO 81657  TOYS FOR TOTS  NONE  500 SOUTH ROCKFOR AVE	to Foundation ler status of	Purpose of grant or contribution  COMMUNITY BETTERMENT  COMMUNITY BETTERMENT	Amount
Name and address (home or business)  any foundation manage or substantial contribut  RVC FOUNDATION  3301 N. MULFORD RD  ROCKFORD, IL 61114  BALVATION ARMY  1706 18TH AVE.  ROCKFORD, IL 61104  BETEADMAN PHILIPPON RESEARCH  181 WEST MEADOW DRIVE SUITE 100  VAIL, CO 81657  FOYS FOR TOTS  NONE	er status of recipient  PC  PC	COMMUNITY BETTERMENT	
3301 N. MULFORD RD ROCKFORD, IL 61114  SALVATION ARMY 1706 18TH AVE. ROCKFORD, IL 61104  STEADMAN PHILIPPON RESEARCH 181 WEST MEADOW DRIVE SUITE 100 VAIL, CO 81657  FOYS FOR TOTS 500 SOUTH ROCKFOR AVE	PC		1,00
3301 N. MULFORD RD ROCKFORD, IL 61114  SALVATION ARMY 1706 18TH AVE. ROCKFORD, IL 61104  STEADMAN PHILIPPON RESEARCH 181 WEST MEADOW DRIVE SUITE 100 VAIL, CO 81657  TOYS FOR TOTS 500 SOUTH ROCKFOR AVE	PC		1,00
1706 18TH AVE.  ROCKFORD, IL 61104  STEADMAN PHILIPPON RESEARCH  181 WEST MEADOW DRIVE SUITE 100  VAIL, CO 81657  TOYS FOR TOTS  NONE  500 SOUTH ROCKFOR AVE		COMMUNITY BETTERMENT	1,00
1706 18TH AVE.  ROCKFORD, IL 61104  STEADMAN PHILIPPON RESEARCH  181 WEST MEADOW DRIVE SUITE 100  VAIL, CO 81657  TOYS FOR TOTS  NONE  500 SOUTH ROCKFOR AVE		COMMUNITY BETTERMENT	
ROCKFORD, IL 61104  STEADMAN PHILIPPON RESEARCH  181 WEST MEADOW DRIVE SUITE 100  VAIL, CO 81657  TOYS FOR TOTS  NONE  500 SOUTH ROCKFOR AVE	РC		
STEADMAN PHILIPPON RESEARCH  181 WEST MEADOW DRIVE SUITE 100  VAIL, CO 81657  TOYS FOR TOTS  500 SOUTH ROCKFOR AVE	PC	<del></del>	
181 WEST MEADOW DRIVE SUITE 100 VAIL, CO 81657  TOYS FOR TOTS 500 SOUTH ROCKFOR AVE	PC		10
TOYS FOR TOTS 500 SOUTH ROCKFOR AVE	1	COMMUNITY BETTERMENT	
500 SOUTH ROCKFOR AVE			50
500 SOUTH ROCKFOR AVE			
WILTON, IL 61104	PC	COMMUNITY BETTERMENT	
			5
USO OF ILLINOIS NONE 333 S. WABASH, 16TH FLOOR	PC	COMMUNITY BETTERMENT	
CHICAGO, IL 60640			5
USOC NONE	₽C	COMMUNITY BETTERMENT	
1501 CENRTAL STREET			
EVANSTON, IL 60208			5
YMCA NONE	PC	COMMUNITY BETTERMENT	
200 Y BOULEVARD			
ROCKFORD, IL 61107			1,50
YOUTH HAVEN NONE	PC	COMMUNITY BETTERMENT	
5867 WHITAKER RD NAPLES, FL 34112			25
	1		

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

<u>J</u>	EFF AND SHELLEY SHINN FOUNDATION	26-3615824
Organization type (check	one)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1 any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo Z, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in the total contributions that were received during the year for an exclusively religious promplete any of the parts unless the <b>General Rule</b> applies to this organization because in the open stotal of the parts unless the <b>General Rule</b> applies to this organization because in the open stotal of the parts unless the <b>General Rule</b> applies to this organization because in the open stotal of the parts unless the <b>General Rule</b> applies to this organization because in the open stotal organization organization because in the open stotal organization organizat	more than \$1,000. If this box us, charitable, etc.,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

## JEFF AND SHELLEY SHINN FOUNDATION

26-3615824

(a) <u>No.</u>	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
1	ROCKFORD TRADING COMPANY  124 N WATER ST  ROCKFORD, IL 61107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

#### JEFF AND SHELLEY SHINN FOUNDATION

rt II N	Ioncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
_   _		 		
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
_		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
_   _		\$		
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		  s		

Name of orga	nization		Employer identification number		
	ND SHELLEY SHINN FOUNDA	rion	26-3615824		
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete colu- completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	umns (a) through (e) and the follow haritable, etc , contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once)		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		<u> </u>			
		(e) Transfer of gift			
	Transferee's name, address, and		Relationship of transferor to transferee		
-					
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
-					
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
-					
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-					
		(e) Transfer of gift			
_	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
-					
-					

FORM 990-PF INTERES	T ON SAVI	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	<b>3</b>
EDWARD JONES			2.		2.		
TOTAL TO PART I, LIN	E 3		2.		2.		
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		
EDWARD JONES	11,778.	,	3.	11,775.	11,775	5.	
TO PART I, LINE 4 =	11,778.		3.	11,775.	11,775	5.	
FORM 990-PF		ACCOUNTI	NG FEES	<u> </u>		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOME		
ACCOUNTING FEES	_	955.	·	0.		95	55.
TO FORM 990-PF, PG 1	, LN 16B	955.		0.		95	55.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME		
FEDERAL EXCISE TAX		134.	-	0.		<del></del>	0.
PEDERALI ENCIDE IAM				•			

FORM 990-PF	OTHER EXPENSES			STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI		
IL REGISTRATION FEE	15.	0.			15.
TO FORM 990-PF, PG 1, LN 23	15.	0.			15.
FORM 990-PF CORPORATE STOCK				STATEMENT	
DESCRIPTION		ВО	OK VALUE	FAIR MARKE' VALUE	Т
CAPITAL INCOME BUILDER CI A COCA-COLA CO INCOME FUND OF AMERICA CI A PROCTER & GAMBLE VANGUARD DIVIDEND APPRECIATION ETC VERIZON COMMUNICATIONS VONDAFONE GROUP PLC NEW SPONSORED ADR TOTAL TO FORM 990-PF, PART II, LINE 10B			87,393. 20,638. 90,080. 20,430. 29,006. 10,533. 16,786.	112,8 24,0 134,1 25,3 44,2 11,6 13,6	48 93 88 13 56 29
FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10				STATEMENT	7
NAME OF CONTRIBUTOR ROCKFORD TRADING COMPANY		ESS FLAMINGO AVE ES, FL 34108			
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGERS				STATEMENT	

NAME OF MANAGER

SHELLEY SHINN JEFF SHINN